

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2017 OCT 11 AM 9:16

17 CV 7795

No.

(To be filled out by Clerk's Office)

KYLE FREISTAT, ESQUIRE

Write the full name of each plaintiff.

-against-

- NYPD for MOLESTING ME

- DEPT. OF JUSTICE for WRONGLY

ACCUSING ME;

- DEPT. OF CORRECTIONS for INCARCERATING ME;

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

COMPLAINT

(Prisoner)

Do you want a jury trial?

Yes No

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

- Violation of my federal constitutional rights RANGING FROM 4TH TO 14TH AMENDMENT-

Other: RECKLESS ENDANGERMENT OF MY LIFE AND PROPERTY.

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

KYLE

FREISTATT (SURNAME)

First Name

Middle Initial

Last Name

State any other names (or different forms of your name) you have ever used, including any names you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

BKDC - doc

Current Place of Detention

275 ATLANTIC AVENUE

Institutional Address

BROOKLYN NEW YORK NY

County, City

NEW YORK

State

11200

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

- Pretrial detainee
 - Civilly committed detainee
 - Immigration detainee
 - Convicted and sentenced prisoner
 - Other:

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
<u>NYPD POLICEMAN</u>		
Current Job Title (or other identifying information)		
<u>QUEENS COUNTY POLICEMAN</u>		
Current Work Address		
<u>QUEENS</u>	<u>NEW YORK</u>	
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
<u>NYPD POLICEMAN</u>		
Current Job Title (or other identifying information)		
<u>QUEENS COUNTY POLICEMAN</u>		
Current Work Address		
<u>QUEENS</u>	<u>NEW YORK</u>	
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: COUNTY OF QUEENS, NY;

Date(s) of occurrence: JULY 26th 2017

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

- On July 26th 2017, I was driving a vehicle while in a stationary position and not offending anyone. I was approached by officers Gasperetti and Artistic (see enclosed documentation) which systematically trampled upon my vehicle and my dignity damaging the property and my health in the process.

- It was a prime example of police misconduct which continued in the precinct and hospital without the benefit of a counsel, and finally prosecutorial and judicial misconducts materializing my hurt and wounded person hardly capable to stand at COURT ARRAIGNMENT - supported by two court officers.

- My constitutional rights were violated ranging from 4th to 14th AMENDMENTS - from illegal SEARCH AND SEIZURE to DUE PROCESS AMENDMENTS.

- I EXPERIENCED FOOT TRAMPLING, STRANGULATION BEATING ON BODY, FACE AND SKULL MARKS OF A PERMANENT INJURY NATURE.

- THE CIRCLE OF POLICE - PROSECUTORIAL AND JUDICIAL MISCONDUCTS IS THUS COMPLETE, CALLING PHYSICAL ABUSE AND CONSTITUTIONAL VIOLATIONS.

/ SEE PREVIOUS PAGES /

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I WAS INJURED, I.E., SUSTAINED INJURIES TO
FACE, SKULL, TORSO AND LEGS, FEET AND ANKLES.

I VISITED CLINICS AND HOSPITALS FOR TREATMENT.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

- Due to extensive nature of abuse against my
PERSON, as well as TRAUMA and INJURIES SUSTAINED,
I respectfully request the compensatory amount
of SEVEN MILLION U.S. Dollars.

- My children are fatherless while I am in
detention, away from my family due to
unjust incarcerations at detention sites.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application:

September 12th, 2017

Dated

Kyle Freistat

Plaintiff's Signature

KYLE

First Name

FREISTAT

Middle Initial

Last Name

BKDC / Doc - 275th ATLANTIC AVENUE

Prison Address

BROOKLYN

NY

11201

County, City

State

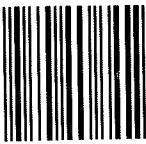
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 09/13/2017

AT
1C AVENUE
NY, 11201

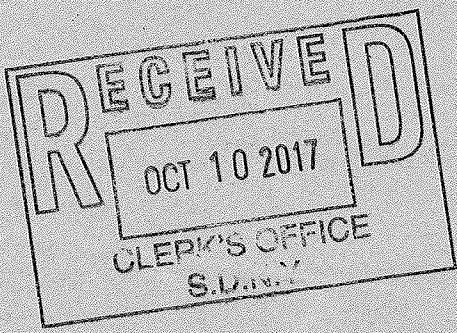


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500 PEARL STREET
NYC, NY, 10278

ProSe
SM

91:6 AM 11/10/2017

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